

LIMITED PARTNERSHIP QUESTIONNAIRE

Instructions: Complete all items. Attach a copy of the original Limited Partnership Agreement and all amendments. One general partner must sign.

1. LIMITED PARTNERSHIP NAME		2. TELEPHONE NUMBER	
3. PREMISES ADDRESS <small>(Street number and name, city, zip code)</small>			
4. LIMITED PARTNERSHIP HEADQUARTERS ADDRESS		5. HEADQUARTERS TELEPHONE NUMBER	
6. LIMITED PARTNERSHIP ATTORNEY'S NAME		7. ATTORNEY'S TELEPHONE NUMBER	
8. LIMITED PARTNERSHIP ATTORNEY'S ADDRESS <small>(Street number and name, city, state, zip code)</small>			
9. DATE LP1 OR LP5 FILED WITH SECRETARY OF STATE		10. LIMITED PARTNERSHIP AGREEMENT AND/OR CERTIFICATE HAS BEEN AMENDED <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. LAST AMENDMENT DATE			

12. NAMES OF GENERAL PARTNERS AND PERCENTAGE OF OWNERSHIP			
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%

13. NAMES OF ANY LIMITED PARTNERS WHO OWN 10% OR MORE OF THE CAPITAL OR PROFITS OF THE LIMITED PARTNERSHIP AND THEIR PERCENTAGE OF OWNERSHIP			
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%

14. ARE THERE ANY LIMITED PARTNERS WHO OWN LESS THAN 10%? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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SIGNATURE OF GENERAL PARTNER	PRINTED NAME	DATE SIGNED
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